



1100 State Road, Ashtabula, Ohio 44004

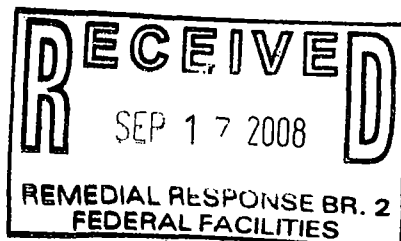
Phone: (440) 997-6131 • Fax: (440) 992-2904

September 11, 2008

EPA Region 5 Records Ctr.



361472



Keith R. Buell
Detrex Corp.
1100 State Rd.
Ashtabula, Ohio 44004

Ms. Terese Van Donsel
U.S. EPA
Office of Superfund, Region 5
SR-6J
77 West Jackson Blvd.
Chicago, Il. 60604-3590

Dear Ms. Van Donsel,

Enclosed please find the e-DMR report for August 2008 for Detrex Corp. in Ashtabula, Ohio.

I certify that the information contained in or accompanying this submission is true, accurate and complete. This certification is based on my personal preparation, review, or analysis of the submission, and/or supervision of persons who, acting on my direct instructions, made the verification that the submitted information is true, accurate and complete.

Sincerely,

Keith R. Buell
Detrex Corp.
440-997-6131
kbuell@elcocorp.com

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY: Detrex Corporation *
 LOCATION: 1100 State Rd
 Ashtabula, 44004
 COUNTY: Ashtabula
 DISTRICT: NEDO

PERMIT NUMBER: 31F00017*ND
 STATION CODE: 002
 MONITORING PERIOD: 2008-08-01 To: 2008-08-31
 REPORTING LAB: Precision Analytical, Inc.
 ANALYST: DR, WSS, RLG, STB, HB
 NO DISCHARGE INDICATOR:

PARAMETER	Water Temperature	Flow Rate	pH, Maximum	pH, Minimum	Biochemical Oxygen Demand, 5 Day	Residue, Total Dissolved	Total Suspended Solids
PARAMETER CODE	00010	50050	61941	61942	00310	00515	00530
UNITS	4102	4108	6653	6653	4106	4106	4106
FREQUENCY	1/Day	1/Day	1/Day	1/Day	1/Week	1/Week	1/Week
SAMPLING TYPE	Maximum Indicating Thermometer	24hr Total	Continuous	Continuous	24hr Composite	24hr Composite	24hr Composite
2008-08-01	26	0.441	8.0	7.1	64	328	10
2008-08-02	24	0.247	8.1	8.0			
2008-08-03	24	0.281	8.1	8.0			
2008-08-04	25	0.340	8.1	7.9			
2008-08-05	26	0.408	8.1	7.9			
2008-08-06	26	0.412	8.2	7.9			
2008-08-07	25	0.406	8.1	8.0			
2008-08-08	24	0.398	8.1	7.9	3.0	192	AA 6.0
2008-08-09	25	0.225	7.9	7.8			
2008-08-10	23	0.223	7.8	7.5			
2008-08-11	24	0.450	7.5	7.1			
2008-08-12	27	0.145	8.0	7.0			
2008-08-13	27	0.434	8.0	7.9			
2008-08-14	27	0.450	8.1	7.9			
2008-08-15	27	0.410	8.1	7.8	9.0	228	AA 6.0
2008-08-16	25	0.275	8.2	8.0			
2008-08-17	25	0.260	8.1	8.0			
2008-08-18	24	0.197	8.1	8.0			
2008-08-19	24	0.174	8.1	7.9			
2008-08-20	24	0.157	8.1	7.9			
2008-08-21	24	0.145	8.0	7.9			
2008-08-22	24	0.147	8.1	7.9	17.0	220	AA 6.0
2008-08-23	24	0.141	8.1	7.9			
2008-08-24	24	0.141	8.0	7.8			
2008-08-25	23	0.419	7.9	7.2			
2008-08-26	24	0.395	8.3	7.4			
2008-08-27	24	0.381	8.2	7.8			
2008-08-28	24	0.452	7.8	7.6			
2008-08-29	22	0.338	7.9	7.5	AA 2.0	198	AA 6.0
2008-08-30	22	0.233	8.3	7.9			
2008-08-31	21	0.233	8.2	7.4			

Name/Title of Responsible Official or Authorized Representative

I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature of Responsible Official or Authorized Representative

Date (MM/DD/YY)

KEITH BUELL / ENV.

Keith Buell

09/11/08

When completed mail this report to: EDMR Administrator, EDMR Administrator, . . OH,

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FACILITY: Detrex Corporation *
LOCATION: 1100 State Rd
 Ashtabula, 44004
COUNTY: Ashtabula
DISTRICT: NEDO

PERMIT NUMBER: 31F00017*ND
STATION CODE: 002
MONITORING PERIOD : 2008-08-01 To: 2008-08-31
REPORTING LAB: Precision Analytical, Inc.
ANALYST: DR, WSS, RLG, STB, HB
NO DISCHARGE INDICATOR:

PARAMETER	Oil and Grease, Total	Phosphorus, Total (P)	Silver, Total Recoverable	Strontium, Total (Sr)	Zinc, Total Recoverable	Cadmium, Total Recoverable	Copper, Total Recoverable
PARAMETER CODE	00550	00665	01079	01082	01094	01113	01119
UNITS	4106	4106	4107	4107	4107	4107	4107
FREQUENCY	1/Week	1/Week	1/Week	1/Week	1/Week	1/Week	1/Week
SAMPLING TYPE	Grab	24hr Composite	24hr Composite	24hr Composite	24hr Composite	24hr Composite	24hr Composite
2008-08-01	AA 1.2	0.0715	AA 1.0	220	12.9	AA 10.0	AA 10.0
2008-08-02							
2008-08-03							
2008-08-04							
2008-08-05							
2008-08-06							
2008-08-07							
2008-08-08	AA 1.2	0.0666	AA 1.0	165	AA 10.0	AA 10.0	AA 10.0
2008-08-09							
2008-08-10							
2008-08-11							
2008-08-12							
2008-08-13							
2008-08-14							
2008-08-15	AA 1.2	AA 0.05	AA 1.0	172	AA 10.0	AA 10.0	AA 10.0
2008-08-16							
2008-08-17							
2008-08-18							
2008-08-19							
2008-08-20							
2008-08-21							
2008-08-22	AA 1.2	AA 0.05	AA 1.0	161	11.8	AA 10.0	AA 10.0
2008-08-23							
2008-08-24							
2008-08-25							
2008-08-26							
2008-08-27							
2008-08-28							
2008-08-29	AA 1.2	0.105	AA 1.0	147	AA 10.0	AA 10.0	AA 10.0
2008-08-30							
2008-08-31							

Name/Title of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Date (MM/DD/YY)
		<i>Keith Buell</i>	09/11/08

When completed mail this report to: EDMR Administrator, EDMR Administrator, ., OH,

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Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY: Detrex Corporation *
LOCATION: 1100 State Rd

PERMIT NUMBER: 31F00017*ND
STATION CODE: 002

COUNTY: Ashtabula, 44004
 DISTRICT: Ashtabula
 NEDO

MONITORING PERIOD : 2008-08-01 To: 2008-08-31
 REPORTING LAB: Precision Analytical, Inc.
 ANALYST: DR, WSS, RLG, STB, HB
 NO DISCHARGE INDICATOR:

PARAMETER	Chlorine, Total Residual	Cyanide, Free	Mercury, Total (Low Level)				
PARAMETER CODE	50060	00719	50092				
UNITS	4106	4106	24258381				
FREQUENCY	1/Week	1/Month	1/Month				
SAMPLING TYPE	Grab	Grab	Grab				
2008-08-01	AA 0.01	AA 0.01	AA 0.5				
2008-08-02							
2008-08-03							
2008-08-04							
2008-08-05							
2008-08-06							
2008-08-07							
2008-08-08	AA 0.01						
2008-08-09							
2008-08-10							
2008-08-11							
2008-08-12							
2008-08-13							
2008-08-14							
2008-08-15	AA 0.01						
2008-08-16							
2008-08-17							
2008-08-18							
2008-08-19							
2008-08-20							
2008-08-21							
2008-08-22	AA 0.01						
2008-08-23							
2008-08-24							
2008-08-25							
2008-08-26							
2008-08-27							
2008-08-28							
2008-08-29	AA 0.01						
2008-08-30							
2008-08-31							

Name/Title of Responsible Official or Authorized Representative

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Signature of Responsible Official or Authorized Representative

Date (MM/DD/YY)

Keith Buehl

Keith Buehl

09/11/08

When completed mail this report to: EDMR Administrator, EDMR Administrator, , OH,

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Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY: Detrex Corporation *
 LOCATION: 1100 State Rd
 Ashtabula, 44004
 COUNTY: Ashtabula
 DISTRICT: NEDO

PERMIT NUMBER: 31F00017*ND
 STATION CODE: 601
 MONITORING PERIOD : 2008-08-01 To: 2008-08-31
 REPORTING LAB: Precision Analytical, Inc.
 ANALYST: DJB, WSS, DR, BSS, HB, DC

NO DISCHARGE INDICATOR:

PARAMETER	Flow Rate	Color, Severity	Odor, Severity	Turbidity, Severity	pH	Total Suspended Solids	Nitrogen, Ammonia (NH3)
PARAMETER CODE	00056	00083	01330	01350	00400	00530	00610
UNITS	4109	4105	4105	4105	6633	4106	4106
FREQUENCY	1/Day	1/Day	1/Day	1/Day	1/Month	1/Month	1/Month
SAMPLING TYPE	24hr Total Estimate	Estimate	Estimate	Estimate	Grab	Grab	Grab
2008-08-01	558	1	1	1	8.31	AA 6.0	AA 0.1
2008-08-02	AC	AC	AC	AC			
2008-08-03	AC	AC	AC	AC			
2008-08-04	840	1	1	1			
2008-08-05	714	1	1	1			
2008-08-06	706	1	1	1			
2008-08-07	755	1	1	1			
2008-08-08	438	1	1	1			
2008-08-09	AC	AC	AC	AC			
2008-08-10	AC	AC	AC	AC			
2008-08-11	631	1	1	1			
2008-08-12	1058	1	1	1			
2008-08-13	693	1	1	1			
2008-08-14	587	1	1	1			
2008-08-15	328	1	1	1			
2008-08-16	AC	AC	AC	AC			
2008-08-17	AC	AC	AC	AC			
2008-08-18	424	1	1	1			
2008-08-19	1174	1	1	1			
2008-08-20	1124	1	1	1			
2008-08-21	843	1	1	1			
2008-08-22	615	1	1	1			
2008-08-23	44	1	1	1			
2008-08-24	AC	AC	AC	AC			
2008-08-25	900	1	1	1			
2008-08-26	713	1	1	1			
2008-08-27	677	1	1	1			
2008-08-28	673	1	1	1			
2008-08-29	627	1	1	1			
2008-08-30	AC	AC	AC	AC			
2008-08-31	AC	AC	AC	AC			

Name/Title of Responsible Official or Authorized Representative <i>KEITH BULL / C.W.V.</i>	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Date (MM/DD/YY)
		<i>Keith Bull</i>	09/11/08

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Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY: Detrex Corporation *
LOCATION: 1100 State Rd
 Ashtabula, 44004
COUNTY: Ashtabula
DISTRICT: NEDO

PERMIT NUMBER: 31F00017*ND
STATION CODE: 601
MONITORING PERIOD: 2008-08-01 To: 2008-08-31
REPORTING LAB: Precision Analytical, Inc.
ANALYST: DJB, WSS, DR, BSS, HB, DC
NO DISCHARGE INDICATOR:

PARAMETER	Fecal Coliform	Chlorine, Total Residual	CBOD 5 day				
PARAMETER CODE	31616	50060	80082				
UNITS	6654	4106	4106				
FREQUENCY	1/Month	1/Month	1/Month				
SAMPLING TYPE	Grab	Grab	Grab				
2008-08-01		AA 0.01	AA 2.0				
2008-08-02							
2008-08-03							
2008-08-04	AA 1.0						
2008-08-05							
2008-08-06							
2008-08-07							
2008-08-08							
2008-08-09							
2008-08-10							
2008-08-11							
2008-08-12							
2008-08-13							
2008-08-14							
2008-08-15							
2008-08-16							
2008-08-17							
2008-08-18							
2008-08-19							
2008-08-20							
2008-08-21							
2008-08-22							
2008-08-23							
2008-08-24							
2008-08-25							
2008-08-26							
2008-08-27							
2008-08-28							
2008-08-29							
2008-08-30							
2008-08-31							

Name/Title of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Date (MM/DD/YY)
		<i>Keith D. Duff</i>	09/11/08

When completed mail this report to: EDMR Administrator, EDMR Administrator, , OH.

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Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY: Detrex Corporation *
 LOCATION: 1100 State Rd
 Ashtabula, 44004
 COUNTY: Ashtabula
 DISTRICT: NEDO

PERMIT NUMBER: 31F00017*ND
 STATION CODE: 602
 MONITORING PERIOD: 2008-08-01 To: 2008-08-31
 REPORTING LAB: Precision Analytical, Inc.
 ANALYST: AC
 NO DISCHARGE INDICATOR:

PARAMETER	pH	Flow Rate	Chloroform	Methylene Chloride	1,1-Dichloroethylene	1,1,1-Trichloroethane	1,1,2-Trichloroethane
PARAMETER CODE	00400	50050	32106	34423	34501	34506	34511
UNITS	6653	4108	4107	4107	4107	4107	4107
FREQUENCY	1/Day	1/Day	1/Month	1/Month	1/Month	1/Month	1/Month
SAMPLING TYPE	Grab	24hr Total	Grab	Grab	Grab	Grab	Grab
2008-08-01	7.0	0.162	AA 1.0	AA 4.0	AA 1.0	AA 1.0	AA 1.0
2008-08-02	AC	AC					
2008-08-03	AC	AC					
2008-08-04	AC	AC					
2008-08-05	AC	AC					
2008-08-06	AC	AC					
2008-08-07	AC	AC					
2008-08-08	AC	AC					
2008-08-09	AC	AC					
2008-08-10	AC	AC					
2008-08-11	6.8	0.150					
2008-08-12	6.6	0.124					
2008-08-13	8.9	0.001					
2008-08-14	AC	AC					
2008-08-15	AC	AC					
2008-08-16	AC	AC					
2008-08-17	AC	AC					
2008-08-18	AC	AC					
2008-08-19	AC	AC					
2008-08-20	AC	AC					
2008-08-21	AC	AC					
2008-08-22	AC	AC					
2008-08-23	AC	AC					
2008-08-24	AC	AC					
2008-08-25	6.9	0.140					
2008-08-26	7.0	0.036					
2008-08-27	AC	AC					
2008-08-28	AC	AC					
2008-08-29	AC	AC					
2008-08-30	AC	AC					
2008-08-31	AC	AC					

Name/Title of Responsible Official
or Authorized Representative

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Signature of Responsible
Official or Authorized
Representative

Date (MM/DD/YY)

KEITH B. JARVIS

[Signature]

09/11/08

When completed mail this report to: EDMR Administrator, EDMR Administrator, , , OH.

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Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY: Detrex Corporation *
 LOCATION: 1100 State Rd
 Ashtabula, 44004

PERMIT NUMBER: 31F00017*ND
 STATION CODE: 602
 MONITORING PERIOD: 2008-08-01 To: 2008-08-31

COUNTY:
DISTRICT:

Ashtabula
NEDO

REPORTING LAB:
ANALYST:
NO DISCHARGE INDICATOR:

Precision Analytical, Inc.
AC

PARAMETER	1,1,2,2-Tetrachloroethane	1,3-Dichlorobenzene	Trichloroethylene				
PARAMETER CODE	34516	34566	39180				
UNITS	4107	4107	4107				
FREQUENCY	1/Month	1/Month	1/Month				
SAMPLING TYPE	Grab	Grab	Grab				
2008-08-01	AA 1.0	AA 1.0	AA 1.0				
2008-08-02							
2008-08-03							
2008-08-04							
2008-08-05							
2008-08-06							
2008-08-07							
2008-08-08							
2008-08-09							
2008-08-10							
2008-08-11							
2008-08-12							
2008-08-13							
2008-08-14							
2008-08-15							
2008-08-16							
2008-08-17							
2008-08-18							
2008-08-19							
2008-08-20							
2008-08-21							
2008-08-22							
2008-08-23							
2008-08-24							
2008-08-25							
2008-08-26							
2008-08-27							
2008-08-28							
2008-08-29							
2008-08-30							
2008-08-31							

Name/Title of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	Signature of Responsible Official or Authorized Representative	Date (MM/DD/YY)
		<i>Kathleen Bull</i>	08/11/08

When completed mail this report to: EDMR Administrator, EDMR Administrator, , , OH,

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Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY: Detrex Corporation *
LOCATION: 1100 State Rd
 Ashtabula, 44004
COUNTY: Ashtabula
DISTRICT: NEDO

PERMIT NUMBER: 31F00017*ND
STATION CODE: 800
MONITORING PERIOD: 2008-08-01 To: 2008-08-31
REPORTING LAB: Precision Analytical, Inc.
ANALYST: WSS, STB
NO DISCHARGE INDICATOR:

PARAMETER	Flow Rate	Total Suspended Solids	Oil and Grease, Total	Mercury, Total (Low Level)			
PARAMETER CODE	50050	00530	00550	50092			
UNITS	4108	4106	4106	24258381			
FREQUENCY	1/Dav	1/Week	1/Week	1/Month			
SAMPLING TYPE	Continuous	24hr Composite	Grab	Grab			
2008-08-01	0.240	22.0	AA 1.2	AA 0.5			
2008-08-02	0.191						
2008-08-03	0.191						
2008-08-04	0.280						
2008-08-05	0.371						
2008-08-06	0.388						
2008-08-07	0.370						
2008-08-08	0.355	7.0	AA 1.2				
2008-08-09	0.146						
2008-08-10	0.145						
2008-08-11	0.314						
2008-08-12	0.431						
2008-08-13	0.381						
2008-08-14	0.392						
2008-08-15	0.355	21	AA 1.2				
2008-08-16	0.178						
2008-08-17	0.170						
2008-08-18	0.119						
2008-08-19	0.096						
2008-08-20	0.095						
2008-08-21	0.096						
2008-08-22	0.096	AA 6.0	AA 1.2				
2008-08-23	0.096						
2008-08-24	0.099						
2008-08-25	0.255						
2008-08-26	0.340						
2008-08-27	0.360						
2008-08-28	0.455						
2008-08-29	0.310	AA 6.0	AA 1.2				
2008-08-30	0.196						
2008-08-31	0.059						

Name/Title of Responsible Official or Authorized Representative

I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature of Responsible Official or Authorized Representative

Date (MM/DD/YY)

KEITH B. BULL / ENV.

Keith Bull

08/11/08

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Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY: Detrex Corporation *
LOCATION: 1100 State Rd
 Ashtabula, 44004

PERMIT NUMBER: 31F00017*ND
MONITORING PERIOD: 2008-08-01 To 2008-08-31

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
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